FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

3060-0076
Est. time per response:
1 hour Approved by OMB

COMMON CARRIER ANNUAL EMPLOYMENT REPORT se read instructions before completing and for Notice regarding public burden.]

SECTION 1 - General Information							(
1. Name and Mailing Address of Respondent	espondent]		
Oran Mutual Telephone Company 5038 Main Street Oran IA 50664	ne Compa	ıny											is a	Check here if this is a change of address.	
2. Year Report Filed		3. Reporting	Period (End	Reporting Period (Ending Date of Pay Beriod Covered by Report)	٧		4. Number o	Number of Full-Time Employees during Selected Reporting Period (check one):	nployees dur	ing Selected					
2019		3/31/19	3/31/19	, or o			a. 7 Fe	Fewer than 16 (complete Sections16 or more (complete all sections)	omplete Sec	tions I, IV, and V only)	V only)				
SECTION II - Full-Time Employees.	98.														
							Num (Report empl	Number of Employees (Report employees in only one category)	yees one category						
5								Race/Ethnicity							
Categories	Hisp	Hispanic or						Not-Hispanic or Latino	ic or Latino						Total
	_	Latino			Male	ile					Female	nale			Columns A - N
	Male	Female	White	Black or African American	Native Hawaiian or Other Pacific	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific	Asian	American Indian or Alaska Native	Two or more races	
	>	В	С	D	т	F	G	н	-	د	*	_	×	z	0
Executive/Senior Level Officials and Managers 1.1															0
First/Mid-Level Officials and 1.2 Managers	10														0
Professionals 2	10														0
Technicians 3															0
Sales Workers 4	-														0
Administrative Support 5	OI .														0
Craft Workers 6	0,														0
Operatives 7	7														0
Laborers and Helpers 8	ω .														0
Service Workers 9															0
TOTAL 10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PREVIOUS YEAR TOTAL 11				77 74 74											0

							Num (Report emplo	Number of Employees (Report employees in only one category)	yees one category)						
:								Race/Ethnicity							
Categories	His	Hispanic or						Not-Hispanic or Latino	c or Latino						Total
	_	Latino			Male	ē					Female	iale			Columns A - N
	Male	Female	White	Black or African American	Native Hawaiian or Other Pacific	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific	Asian	American Indian or Alaska Native	Two or more races	
	>	В	С	D	ш	П	G	I	-	ل	7	٦	Z	z	0
Executive/Senior Level Officials and Managers 1.1															0
First/Mid-Level Officials and 1.2	2														0
als	2														0
Technicians	ω														0
Sales Workers	4														0
Administrative Support Workers	O1														0
Craft Workers	6)														0
Operatives	7														0
Laborers and Helpers	8	1													0
Service Workers	9														0
TOTAL 10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PREVIOUS YEAR TOTAL 11	1														0
SECTION IV - Report of Discrimination Complaints Pursuant to 47 CFR 22.321, 23.55, 90.168, 101.4, and 101.311.	ination Com	plaints Pursu	ant to 47 CFI	R 22.321, 23.5	55, 90.168, 101	1.4, and 101.	311.								
This is to advise the Commission that no complaints regarding violations of the equal employment provisions of Federal, state, territorial, or local statutes have been filed against this company before any body having competent jurisdiction in such matters during the calendar year covered by this report. This is to advise the Commission that the following complaints alleging violations of the provisions of any equal employment opportunity statute have been filed against this company. (Attach a list indicating parties involved, date filed, courts or agencies before which the matter has been heard, file number or other designation, and current status or disposition.	Commission body having Commission Commission ng parties inv	that no comple competent juri that the followi olved, date file	aints regarding sdiction in sur in geomplaints in geomplaints or and courts or and cou	y violations of i ch matters dur s alleging viola gencies before	the equal emping the calend ing the calend titons of the promise which the ma	loyment provar year cove ovisions of a	isions of Federed by this represent the representation of Federed Representations of Federed Represent	eral, state, terr oort. loyment oppor	itorial, or loca tunity statute r designation	al statutes have have been fill, and current	/e been filed a ed against this status or dispo	gainst this company.			
SECTION V - Certification I certify that to the best of my knowledge, information, and belief, all statements in this report are true and correct.	wledge, infor	mation, and be	lief, all statem	ents in this re	port are true a	nd correct.									
Date Ty	ped or Printe	Typed or Printed Name of Person Signing	son Signing			Signature		2	1	100	à	Telephone No.	10.		
05/23/2019 E	3arb Gru	Barb Gruetzmacher	ıer			B	J.	HILL	Mu	ence		(319)	(319) 638-6006	O AND OR DE	MOLEVOOR
Title of Person Signing				WILLFULLY	WILLFULLY FALSE STATEMENTS MADE ON THIS FORM AUCTURISHMENT FINE ANALOGY INTRODUCTION (FIG. 10.5).	EMENTS M.	ADE ON THIS	TORM ARE	PUNISHABLI	E BY FINE AN	TO CK IMIT AND	OCININICIAL (00.0.0.100	1/10/01/01/14	

Title of Person Signing
Secretary/Treasurer